DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04		(X3) DATE SURVEY COMPLETED R 01/13/2014	
		155715	B. WING				
NAME OF PROVIDER OR SUPPLIER			<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 01/	13/2014
					W CHURCH AVE		
LUTHERAN COMMUNITY HOME				SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	3	{K (000}			
	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/14/13 and 11/15/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/13/14 Facility Number: 000347 Provider Number: 155715 AIM Number: 100275440 Surveyor: Mark Bugni, Life Safety Code Specialist At this PSR survey, Lutheran Community Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The A Wing, B Wing, C Wing, D Wing, Front Entrance/Main Dining Room Wing, and Service Hall Wing were surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type II (222) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a						
	time of this visit. All areas where the r	nad a census of 102 at the esidents have customary ed. All areas providing facility					
ABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATUF	RF		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000347

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04			(X3) DATE SURVEY COMPLETED	
		B. WING		R				
			B: Willo -	CTDE	TET ADDDESS CITY STATE ZID CODE	01/	13/2014	
NAME OF PI	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
LUTHERA	N COMMUNITY HOME				N CHURCH AVE MOUR, IN 47274			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI TAG	×	(EACH CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE	
{K 000}	Continued From page	: 1	{K 0	00}				
		ed, except an eighteen foot framed detached storage						
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/14/14. INITIAL COMMENTS		{K 0	00}				
	Code Recertification a conducted on 11/14/1 conducted by the Indi	t (PSR) to the Life Safety and State Licensure Survey 3 and 11/15/13 was ana State Department of with 42 CFR 483.70(a).						
	Survey Date: 01/13/1	4						
	Facility Number: 000 Provider Number: 15 AIM Number: 100275	5715						
	Surveyor: Mark Bugr Specialist	ii, Life Safety Code						
	was found in complian Participation in Medic Subpart 483.70(a), Li 2000 edition of the Na Association (NFPA) 1 and 410 IAC 16.2. Th	utheran Community Home nce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) ne 2010 C Wing addition napter 18, New Health Care						
	determined to be of T and fully sprinkled. T	the one story facility was ype II (222) construction he facility has a fire alarm etection in the corridors, in prridors, and battery						

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		155715	B. WING			I	₹		
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 111 W CHURCH AVE SEYMOUR, IN 47274			01/13/2014		
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{K 000}	operated smoke dete The facility has a cap census of 102 at the All areas where the re access were sprinkle services were sprinkle	ectors in all resident rooms. Pacity of 109 and had a	{K (000}					